

COUNTY OF FAUQUIER
Children's Services Administration
320 Hospital Drive, Suite 11, Warrenton, VA 20186 – Phone (540) 422-8409 FAX (540) 422-8458

WAIVER REQUEST

To be completed by parent/guardian:

Name of child: _____ Case #: _____
First Name MI Last Name Completed by CSA Staff

Name of parents/Guardian: _____
First Name MI Last Name

First Name MI Last Name

Phone (W): () _____ Phone (H): () _____

Name of Case Manager: _____ Agency: _____

Please provide a statement outlining the circumstances of your family's hardship that prevents you from paying the monthly parental payment as determined by the CSA Parental Payment Scale. You may attach copies of any documentation that supports your request for this consideration.

(Please attach an additional sheet if necessary.)

CSA staff only:

Decision regarding request: _____

CPMT Date CSA Staff Person